MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 0011415 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10621
20945
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED 2 — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED 4-14-64

1. PLACE OF DEATH
a. COUNTY Madison County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown, Mo. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Madison Memorial Hosp. — Inside Limits Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Francois
c. CITY OR TOWN Farmington, Mo. — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 500 Cayce St. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Don Middle Glenn Last Rhoades
4. DATE OF DEATH Month 3 Day 22 Year 1964
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10/23/1871
9. AGE (last birthday) 92
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Broker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Nokomis Illinois
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Benjamin Tibets Rhoades
13b. MOTHER'S MAIDEN NAME Elizabeth Creuzbour
14. NAME OF HUSBAND OR WIFE Emma Josephine Wolf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv
16. SOCIAL SECURITY NO. 1
17. INFORMANT Address Mrs Edward Schroeder

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma of the Prostate
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH Apx 1963
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/20/64 to 3/22/64 and last saw her/him alive on 3/22/64
Death occurred at 7:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C.H. Cozean MD
22b. ADDRESS Farmington Mo
22c. DATE SIGNED 3/23/64

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal 3/24/64
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State) Bellville, Ill.

24. FUNERAL DIRECTOR ADDRESS C.H. Cozean Farmington, Mo.
25. DATE RECD. BY LOCAL REG. 4-1-1964
26. REGISTRAR'S SIGNATURE Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed C A Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.